Northwest Territories Long-Term Care Program Review

February 2016

Department of Health and Social Services

Our Elders Our Communities - 2014

7 Key Priorities:

- Healthy and active aging
- Home and community care services
- Integrated and coordinated service delivery
- Caregiver supports
- Elder responsive communities
- Accessible and current information
- Sustainable best practices

NWT Continuum of Care

Continuing Care Levels of Service

Living Arrangements

Private/Public Housing or Senior Residence

Group Home or Supported Living

Extended Care or Long Term Care Facility

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
	Able to stay at home with a small amount of help for daily activities and personal care.	Able to stay at home with help for daily activities and personal care; needs some nursing help	Needs help from nursing and/or other supports for most daily activities and personal care 24 hours a day	Needs help from nursing and other supports 24 hours a day; condition can change quickly	Needs nursing, physician and other supports 24 hours a day; medical condition can change quickly	Palliative care: needs nursing, physician, family, community and other supports 24 hours a day to maintain comfort; condition can change quickly
Independent Living Persons living in private/public housing or seniors residence who do not require support						
Home Care Persons living in their own home or public housing who needs assistance with daily activities and personal care	✓	✓				✓
Supported Living Persons requiring 24-hour support and supervision who generally do not have medical needs or require nursing care		✓	✓			✓
Long Term Care/Dementia Care Persons with complex care needs who cannot live independently and require 24-hour access to nursing services			✓	✓		✓
Extended Care Persons with complex issues requiring 24-hour nursing care, support from other health professionals and medical supervision					✓	✓

Definitions

- Long Term Care - a home-like facility that provides care and services for people who no longer are able to live independently and who require onsite nursing care, 24-hour supervision or personal support.

- Supported living - provides 24-hour support and supervision for people who have a physical and/or mental health challenge but do not need nursing care. Supported Living provides services in a homelike setting while helping people with disabilities maintain as much independence as possible.

- Independent living - allows residents to live independently in their home communities, while being provided appropriate supportive care services.

LTC Program Review Purpose and Approach

Purpose:

- To inform options and decisions regarding the allocation of LTC resources and future investments across all regions.

Approach:

- Examination of current and emerging operating framework;
- Analysis of the demand side, including the development of comprehensive population and bed demand projections;
- Analysis of supply side, including program and facility data;
- Jurisdictional review;
- Develop preliminary program delivery and funding options.;
- Recommendations and Decision Points

Demographics : Current

- **Total Territorial Population: 2014 - 43,623.**
- 22,425 Aboriginal persons, 51.4% of the population.
- Non-Aboriginal persons 21,198, 48.6% of the population.
- 103.7 males for every 100 females
- 70+ Years Cohort **1,687** persons aged 70+ years, representing **3.9.%** of the total population.

Demographics : Projections

- **Total Territorial Population: 2034 - 45,012.**
- 22,877 Aboriginal persons, 50.8% of the population.
- Non-Aboriginal persons 22,135, 49.2% of the population.
- 86.2 Males for every 100 females
- 70+ Years Cohort **5,207** persons aged 70+ years, representing **11.6%** of the total population.

Demand and Supply Drivers

- Demand is characterized by a complex and interrelated set of drivers.
- Demand side has two categories – demographic and non-demographic drivers.
- Two primary demographic drivers – ***age and life expectancy***.
- Non-demographic demand drivers consist of several components, with one principal driver – ***health status***.

Impact of Migration

- ***2001-2011***
- Of the total 13,880 out-migrants, 1,175 (8.5%) were 60+ years;
- Of the total 11,560 in-migrants, 375 (3.2%) were 60+ years; and
- The result being a net out-migration of 800 of persons 60+ years
- Net out-migration of seniors (80% non-Aboriginal) ***in 23 of 25 years*** has resulted in a small net 'export' of those aged 60+ years.

Period	Out-Migration	In-Migration	Net Migration
2001-2006	555	145	-410
2006-2011	620	230	-390
2001-2011	1,175	375	**-800**

Cost of Long Term Care

- ***Total Budget:*** The LTC Program budget for FY 2014-15 was $22.2 million. Actual expenses were $23.6 million, with revenue of $1.0 million.
- ***Program Revenue and Expenses:*** Revenue, as a % of expenses, accounted for between 4.2% and 6.3%. The average was 4.9%, representing a subsidy of some 95%.

Year	Revenue as % of Expenses	GNWT Subsidy %
2014-15	4.20	95.80
2013-14	4.63	95.37
2012-13	4.49	95.52
2011-12	5.08	94.92
2010-11	6.26	93.74
Average	**4.93**	**95.07**

Cost of Long Term Care

- ***System Wide Cost per Bed:*** (not a '*fully burdened*') The FY 2014-15 expenses were $23.6 million for 174 beds in inventory, or an annual operating cost of **$136,000** per bed.
- The monthly and daily equivalent costs were **$11,300** and **$370**, respectively.

- ***Capital Investment Costs:*** The approximate 'all-in' cost (FY 2014-15) per bed was in the range of **$800,000 to $1,200,000**. The small scale of the facilities contributes to the significantly higher per bed costs.

Current number of LTC beds in the NWT (as of 2016/17)

									FY 2016-17	
Region	**Community**	**Name of Facility**	**Total Beds**	**Current LTC Beds**	**Respite Bed(s) Total**	**LTC beds pending in 2016**	**Respite beds to be added 2016**	**Total Beds FY 2016-17**	**% of Total LTC Beds**	**% of Total NWT 70+ Cohort**
Tlicho	Behchoko	TBD	9	8	1	8	1	18	9.00	6.30
Beaufort-Delta Health and Social Services Authority	Inuvik	Inuvik Hospital Long Term Care Unit	25	22	3			25	12.40	18.50
Sahtu Health and Social Services Authority	Norman Wells	TBD	0	0	0	16	2	18	9.00	7.40
Fort Smith Health and Social Services Authority	Fort Smith	Northern Lights Special Care Home	28	26	2			28	13.90	9.30
Hay River Health and Social Services Authority	Hay River	H.H. Williams & Woodland Manor	25	25	0	0	0	25	12.40	14.40
Dehcho Health and Social Services Authority	Fort Simpson	Fort Simpson Elders' Care Home	18	17	1	0	0	18	9.00	10.70
Yellowknife Health and Social Services Authority	Yellowknife	Aven Manor	29	28	1	0	0	29	34.30	33.40
Yellowknife Health and Social Services Authority	Yellowknife	Territorial Dementia Facility	28	25	3	0	0	28		
Stanton Territorial Health Authority	Yellowknife	Stanton Territorial Hospital Extended Care Unit	12	10	2	0	0	12		
		NWT LTC Inventory Totals	**174**	**161**	**13**	**24**	**3**	**201**	**100.00**	**100.00**

Notes:

(1) Last updated July 8, 2015

(2) One 9 bed pod was completed in 2014-15 and the second pod is under construction which will add an additional 9 beds

(3) An 18 bed LTC unit is being constructed in Norman Wells connect to the new Health Centre

(4) HH Williams LTC Unit is closing and a 9 bed pod is being added to Woodland Manor, renovations within WM will create 1 room for respite

(5) Percentage (rounded) of LTC beds combined for the Yellowknife region

(6) Percentage (rounded) of total NWT 70+ Cohort (n=1991) projected for Calendar Year 2017

Bed Projection Assumptions

- Number of NWT residents age 70+
- 115 beds per 1000 population (age 70+)
- 95% Occupancy
- Initial primary focus is on 10 year planning horizon - to 2026
- Waitlist tolerance – 20 or less per region

Projected Shortfalls in LTC beds

(based on bed projection assumptions : 115 beds per 1000 and 95% occupancy)

***by 2026 there will be a shortfall of 258 LTC beds in the NWT**

Of the total, the shortfall of 123 beds in Yellowknife is projected

Geographic Area	Bed Occupancy Scenario															
	2016 (Base Year)		2017		2020		2023		2026		2029		2032		2034	
	95%	100%	95%	100%	95%	100%	95%	100%	95%	100%	95%	100%	95%	100%	95%	100%
Northwest Territories	-67.0	-55.5	-78.0	-66.0	-133.7	-118.9	-194.8	-176.9	-258.5	-237.4	-333.4	-308.6	-418.7	-389.6	-467.3	-435.8
Beaufort Delta	-27.4	-25.2	-27.7	-25.4	-33.6	-31.1	-39.9	-37.1	-46.6	-43.4	-56.8	-53.2	-69.2	-64.9	-77.9	-73.2
Sahtu	0.8	1.7	0.2	1.1	-2.9	-1.9	-6.6	-5.3	-9.7	-8.3	-12.0	-10.5	-16.9	-15.1	-19.3	-17.4
Dehcho	-9.3	-8.1	-10.7	-9.4	-16.2	-14.7	-20.8	-19.0	-29.1	-26.9	-34.1	-31.7	-41.4	-38.6	-45.5	-42.5
Tlicho	0.6	1.4	0.7	1.5	-0.9	-0.1	-2.9	-1.9	-5.1	-4.0	-7.1	-6.0	-11.7	-10.3	-13.1	-11.6
Yellowknife	-16.6	-12.8	-22.4	-18.4	-53.1	-47.6	-88.6	-81.3	-123.1	-114.0	-166.8	-155.6	-210.5	-197.1	-236.4	-221.7
South Slave	-11.7	-10.1	-13.7	-12.0	-17.1	-15.2	-24.0	-21.8	-30.9	-28.3	-38.9	-35.9	-47.8	-44.3	-51.3	-47.7
Fort Smith	-3.4	-2.4	-4.5	-3.4	-9.7	-8.3	-12.0	-10.5	-14.1	-12.5	-17.6	-15.8	-21.2	-19.3	-23.9	-21.8

Funding Models in Other Jurisdictions: Findings

- Privately owned and operated facilities were seen to achieve lower operating costs. (lower compensation costs, more flexible procurement options, and a strong motivation for efficiency and surplus or profit.)
- Per diem standard cost funding formula maximized the potential and benefits of private sector capabilities. Government can design the formula around a high efficiency operational model and provide maximum risk/reward motivation to private operators to achieve efficiencies.
- Quality of service and resident safety can be assured by regulated standards, facility licensing and a robust inspection program.

Where do we go from here ?

- Developing updated capital requirements for long-term care and dementia beds
- Developing financing options for long-term care facilities
- Proposing a regulatory framework for long-term care
- Developing an action plan for enhanced home and community care services
- Building more Seniors' Supported Independent Living units
- Marketing preventative maintenance, renovation and mobility upgrades